



2F/118

PTO/SB/17 (01-06)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Application Number	10/733,311-Conf. #8060	
TOTAL AMOUNT OF PAYMENT (\$)	Filing Date	December 12, 2003	
	First Named Inventor	Steven M. Ruben	
	Examiner Name	C. J. Saoud	
	Art Unit	1647	
(\$)	150.00	Attorney Docket No.	PF155C1P1D1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
23 - 20 = 3 x 50.00 = 150.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
3 - 5 = x =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 - 100 = /50 (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	50,748	Telephone	(301) 315-1768
Name (Print/Type)	Karen L. Carroll	Date	May 5, 2006		



VIA HAND DELIVERY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Ruben et al.

Docket No.: PF155C1P1D1

Application No.: 10/733,311-Conf #8060

Group Art Unit: 1647

Filed: December 12, 2003

Examiner: C.J. Saoud

For: Keratinocyte Growth Factor-2

**AMENDMENT UNDER 37 C.F.R. § 1.115 AND
PROVISIONAL ELECTION WITH TRAVERSE UNDER 37 C.F.R. § 1.143**

MS Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed April 5, 2006, please enter the following amendments and consider the following remarks and provisional election *with traverse*. Applicants submit concurrently herewith: (a) Fee Transmittal Sheet (in duplicate), with appropriate fee; and (b) an Information Disclosure Statement Pursuant to 37 C.F.R. § 1.56 with Form PTO/SB/08 and legible copies of references CF-CJ, CL-CS, CU-CW, CZ-DB, DG, DI-DN, DP, DR-DS, DW-EA, and ED-EG.

Amendments to the claims begin on page 2.

Remarks begin on page 6.

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